IU. INSTITUTIONAL UTILIZATION (CORE ONLY)

BOX	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO
IU1A	BOX HHS1. OTHERWISE GO TO IU1.

IU1. [Since (REF. DATE), (have you/has SP) been/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH), was (SP)/Other than the current institutional stay that started on (INS2 DATE), between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF INSTITUTIONALIZATION) was (SP)] a patient in (a/another) nursing home or any similar place that provides long-term care -- such as the places shown on this card?

[LONG-TERM CARE PLACES INCLUDE SKILLED NURSING HOMES, INTERMEDIATE CARE FACILITIES, BOARD AND CARE HOMES, NURSING HOME UNITS IN HOSPITALS, FACILITIES FOR THE MENTALLY RETARDED, PSYCHIATRIC FACILITIES AND GROUP HOMES.]

Ī	SHOW	IUPROBE	YES	1	(IU2)
	CARD		NO	2	BOX HHS1
ı	IU		REFUSED	-7	BOX HHS1
		•	DON'T KNOW	-8	BOX HHS1

IU2. Where (were you/was SP) a patient -- in which nursing home? [ENTER ONLY ONE FACILITY.]

PROVNAME

вох	a.	SP HAS USED V.A. FACILITIES (HI36 = 1)	(b) BOX IU2
IU1	b.	"V.A. FLAG" SET FOR THIS PROVIDER" "V.A. FLAG" NOT SET FOR THIS PROVIDER	BOX IU2 (IU3)

IU3. Is (INSTITUTION) a Department of Veterans Affairs, or V.A., facility?

VAPLACE	YES	. 1
	NO	. 2
	REFUSED	7
	DON'T KNOW	-8

	BOX IU2	IF IU EV	ENT ADDI	ED IN UTS, RE	TURN TO UTSIN	TRC. OTHER	WISE, GO T	O IU4.
Wh	ien (were yo	ou/was SP)	admitted t	o and discharg	ed from (INSTITU	JTION)?		
AD	MISSION_	MM	/	/	DISCHARGE	:	/	_/
EV	BEGMM BEGDD BEGYY	IVIIVI	EV EV	/ENDMM /ENDDD /ENDYY		IVIIVI	DD	11
OM	IITTED.							
OM	IITTED.							
EN [Sir	TER "YES" \	WITHOUT A DATE)/Betv ALIZATION	ASKING. C ween (PRE)], (have y	OTHERWISE, A EVIOUS ROUI ou/did SP) (ha	SK: ND INTERVIEW	DATE) and	(DATE OF	NURSING HOME, DEATH/DATE OF r nursing home o
TE	MP		NO RE) EFUSED		2 7	BOX HHS	51